

**Village of Wauconda Building, Zoning & Economic Development Department**

109 W. Bangs Street, Wauconda, IL 60084 ♦ Ph: 847-526-9609 ♦ Fax: 847-526-8967 ♦ e-mail: BZ@wauconda-il.gov

**APPLICATION FOR RESIDENTIAL DWELLING INSPECTION**

☐ **REAL ESTATE SALE**      ☐ **RENTAL TRANSFER**      **CASE #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Application Date: \_\_\_\_\_ Property Closing/Rental Transfer Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Mailing Address: (if different from above) \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_ Basement: ☐ yes ☐ no

- ▶ **A \$75.00 fee is required for each separate dwelling unit to be inspected. Fee includes one re-inspection, if needed. If dwelling fails the 2<sup>nd</sup> inspection, a \$50 fee is required for a 3<sup>rd</sup> inspection.**
- ▶ **Power and water must be turned on prior to inspection. Dwelling cannot be winterized.**
- ▶ **Owner must contact the Utility Billing Clerk at (847)526-9604 for a final water meter reading.**

I hereby authorize and consent to the Village of Wauconda Building and Zoning Department's on-site inspection of the building/premises located at the address indicated at the top of the form on a scheduled date and time. I grant this authorization and consent freely and voluntarily, without any threats or promises having been made to me.

Under penalties as provided by law pursuant to 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this application are true and correct, except as to matter therein stated to be on information and belief, and except as to such matters, the undersigned certifies as aforesaid that he verily believes the same to be true.

☐ Owner/Agent will pick up Certificate of Compliance      ☐ Fax Certificate to \_\_\_\_\_

☐ E-mail Certificate to (please print clearly): \_\_\_\_\_

Scheduling Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Printed Name

Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Required

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For office use only

1<sup>st</sup> Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ am/pm      ☐ Pass      ☐ Fail      \_\_\_\_\_  
Inspector signature

2<sup>nd</sup> Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ am/pm      ☐ Pass      ☐ Fail      \_\_\_\_\_  
Inspector signature

3<sup>rd</sup> Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ am/pm      ☐ Pass      ☐ Fail      \_\_\_\_\_  
(Re-inspection fee required)      Inspector signature

☐ **\$75.00 Fee:**      ☐ Cash      ☐ E-Pay #: \_\_\_\_\_      ☐ Check #: \_\_\_\_\_      Date paid: \_\_\_\_\_

☐ **\$50.00 3<sup>rd</sup> Inspection Fee, if required:**      ☐ Cash      ☐ Check #: \_\_\_\_\_      Date paid: \_\_\_\_\_

Collected by: \_\_\_\_\_, Wauconda Building & Zoning Department